

SC HEALTHY CONNECTIONS VISION SERVICES – FFS vs. MANAGED CARE

Effective February 1, 2011 SCDHHS discontinued coverage of routine vision services for beneficiaries age 21 and over enrolled in fee-for-service (FFS) or the Medical Homes Network (MHN) program. Managed Care Organizations (MCOs) may choose to offer vision services to members age 21 and above. For information, MCO members and providers should contact the MCO.

Beneficiaries under the age of 21: All vision services, **with the exception of glasses, contacts, fittings, and the dispensing fees** are the responsibility of the MCO for MCO enrolled beneficiaries. Vision services for MHN enrolled beneficiaries are the responsibility of SCDHHS as claims for all services rendered to MHN members are paid on a fee-for-service (FFS) basis. See below for additional information.

Glasses & Contacts:

- If a beneficiary meets FFS criteria for glasses or contacts, file the prescription as outlined in the Physician Service's provider manual, and file the fitting and dispensing fees to SCDHHS.
- If a beneficiary does not meet FFS criteria for glasses or contacts, but is enrolled in an MCO that offers vision services (see grid below), contact the MCO for authorization and file the prescription, fitting and dispensing fees to the MCO.

Replacement Glasses & Contacts:

- If a beneficiary meets FFS criteria for replacement glasses or contacts, file the prescription as outlined in the Physician Service's provider manual, and file the fitting and dispensing fees to SCDHHS.
- If a beneficiary does not meet FFS criteria for replacement glasses or contacts, but is enrolled in an MCO that offers vision services (see grid below), contact the MCO for authorization and file the prescription, fitting and dispensing fees to the MCO.

MCO VISION VENDOR GRID

	Absolute Total Care	BlueChoice HealthPlan	First Choice by Select Health	UnitedHealthcare CommunityPlan
Vision Vendor	Opticare	No additional vision services offered	Robertson Optical	No additional vision services offered
Vendor Phone #	866-224-3423		800-223-0731	
Vendor Fax #	800-980-4002		803-254-1978	
Vision Benefits	Adults: -Routine vision exam once every 2 years \$125 for glasses or contacts, and 20% discount for any amount over the \$125 *Patient is responsible for the contact lens fitting exam and any additional cost		Children: (Under age 21) -Second pair of replacement eyeglasses with no co-pay if first pair is lost or damaged	

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Note: Health Plans will not cover glasses or contacts, or replacements thereof, if the beneficiary meets FFS criteria. When FFS criteria are met, claims should be filed according to SCDHHS policy as outlined in the Physician Services provider manual located at www.scdhhs.gov. *If a beneficiary is enrolled in a health plan that does not offer enhanced vision services and FFS criteria are not met, consider the patient as self-pay.*

Following are specific codes that are to be filed to SCDHHS/Medicaid for vision services when those services are rendered according to fee-for-service (FFS) criteria. If contacts or eye glasses are provided by the MCO, bill the MCO for the services.

Procedure Code	Procedure Code Description
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2599	Contact lens, other type
92070	Fitting of contact lens for treatment of disease, including supply of lens
92310	Prescription of optical & physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Corneal lens for aphakia, 1 eye
92312	Corneal lens for aphakia, both eyes
92313	Corneoscleral lens
92340	Fitting of spectacles, except for aphakia; monofocal

Note: Vision codes specific to eye glasses are not listed above because prescriptions for eye glasses are filed to Robertson Optical Lab when the beneficiary meets FFS criteria. If FFS criteria are not met, but eye glasses and/or replacements are needed, contact the MCO's vision vendor for authorization and file claims accordingly.

For specific information on the SC Healthy Connections (fee-for-service) vision policy, please see the Physician Services provider manual, section 2.